P04000123809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100027607741

01/29/04--01035--009 **78.75

FILED
04 JAN 29 PM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: GLPM Laboratory AND Flamework Design, Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☑ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Glenda L Moore
Name (Printed or typed)

431 Archaic Dr. Box 89
Address

Winter Haven, Florida 33880
City, State & Zip

863-291-0348
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
04 JAN 29 PM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GLPM Laboratory AND Flamework Design, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

431 ARCHAIC DR. BOX 89
Winter Haven, Florida 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INDUSTRIAL CHEMICAL LABORATORY designs, SET-UP, AND TRAINING. Flame work designs, TRAINING, AND GLASS Flame work Products.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

GLENDA L. MOORE - P
431 ARCHAIC Dr. BOX 89
WINTER HAVEN, FLORIDA 33880

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

GLENDA L. MOORE
431 ARCHAIC Dr. BOX 89
WINTER HAVEN, FLORIDA 33880

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

GLENDA L. MOORE
431 ARCHAIC Dr. BOX 89
WINTER HAVEN, FLORIDA 33880

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Glenda L. Moore — 1/26/04
Signature/Registered Agent — Date

Glenda L. Moore — 1/26/04
Signature/Incorporator — Date